

Monthly Vaccine Report (Public Provider)

Report for Month _____ Year _____

VFC ID # _____

Name of Facility: _____ Person Filing Report: _____ Phone: _____ Email: _____

Instructions for completing this report:

This report must be submitted to Home IV Pharmacy by the 5th of each month and covers the previous month. Submit by FAX: (406-723-4059) or Mail: 2601½ Continental, Butte, MT 59701. If you FAX, you must also mail a copy. Always keep a copy for your records.

- Column A** – VFC vaccines are listed in this column. Brand names are included where clarification is needed or where there is a choice.
- Column B** – Transcribe the “Doses on hand end of month” (Column H or I) from the previous month’s report.
- Column C** – Enter doses received through orders and transfers from other providers. Do not track VFC-private stock “borrowing” on this report
- Column D** – Enter doses wasted, expired, or transferred to other providers.
- Column E** – Enter the name and VFC# of providers with whom you transferred vaccine along with the number of doses in or out (“5 doses to Big Hill Pediatrics #135”). Be sure these doses are included in either Column C or D, depending on whether they were transferred in or out.

- Column F** – Add columns B and C, then subtract Column D. This gives the total doses available for administration for the month. Enter this in Column F.
- Column G1–13** – Enter doses administered for the month by age. Total columns G 1–8 and enter in Column G-13 “Total doses administered.”
- Column H** – Subtract Column G-13 (“Total doses administered”) from Column F. This gives the number of doses on hand at the end of the month based on your report calculations.
- Column I** – Now take an actual inventory of your VFC vaccine and enter in Column I. Columns H and I should be the same. If not, re-examine your report, inventory, and charting documentation to reconcile any discrepancies.
- Column J** – List the lot numbers and expirations dates remaining in your VFC vaccine inventory.

Current forms can be obtained at: www.immunization.mt.gov under the VFC link.
 Questions? Call or email the Montana Immunization Program 444-5580 hhsiz@mt.gov

Monthly Report for VFC Vaccine

A	B	C	D	E	F	G 1–13 (Mandatory) Doses administered during the month by age (years)												H	I	J	
Vaccine	Doses on hand start of month	Doses received during month (orders and transfers)	Doses transferred out, wasted or expired during month	If doses transferred in or out, indicate which provider you transferred doses to or received doses from and their VFC#.	Total doses available (B+C-D)	<1	1	2	3–4	5	6–9	10–14	15–19	20–24	25–44	45–64	65+	Total doses administered	Doses on hand end of month- Calculated (F-G13)	Doses on hand end of month- Actual Inventory (H=I)	Lot#s/ Expiration Dates (Mandatory)
DTaP																					
DTaP/IPV (Kinrix®)																					
DTaP/IPV/Hib (Pentacel®)																					

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DTaP/IPV/Hep B (Pediarix®)																					
IPV																					
Hib (ActHIB®)																					
Hib (PedvaxHIB®)																					
Hib (Hiberix®)																					
Pneumococcal Conjugate (PCV13)																					
Pneumococcal Polysaccharide (PPSV23) (high risk 2-18 yrs)																					
MMRV (ProQuad®)																					

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Rotavirus (2 dose) (Rotarix®)																					
Rotavirus (3 dose) (Rotateq®)																					
MMR																					
Varicella																					
Tdap (11-18 yrs) (Adacel®)																					
Tdap (10-18 yrs) (Boostrix®)																					
Td (7-18 yrs)																					
Meningococcal (Menactra®)																					

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HPV (Gardasil®)																					
Hep A (0-18 yrs)																					
Hep B (0-18 yrs) (Engerix®)																					
Hep B (0-18 yrs) (Recombivax®)																					
Hep A/B (Adult) (Twinrix®)																					
Flu 0.25ml																					
Flu 0.50ml																					

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FluMist®																					
Flu (Adult)																					
Other:																					